# IAP5 Rec'd PCT/PTO 31 JUL 2006

## **Application Data Sheet**

#### **Application Information**

Application number:: TBA

Filing Date:: July 31, 2006

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: NONE

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: YES

Computer Readable Form (CRF)?:: YES

Number of copies of CRF::

Title:: DIAGNOSTICS AND THERAPEUTICS FOR

DISEASES ASSOCIATED WITH PUROMYCIN

SENSITIVE AMINOPEPTIDASE NPEPPS

(NPEPPS)

Attorney Docket Number:: 004974.01207

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: DE

Status:: Full Capacity

Given Name:: Stefan

Family Name:: GOLZ

City of Residence:: Essen

State or Province of Residence::

Country of Residence:: DE

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City of mailing address:: Essen

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: Inventor

Primary Citizenship Country:: DE

Status:: Full Capacity

Given Name:: Ulf

Family Name:: BRÜGGEMEIER

City of Residence:: Leichlingen

State or Province of Residence::

Country of Residence:: DE

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City of mailing address:: Leichlingen

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor

Primary Citizenship Country:: DE

Status:: Full Capacity

Given Name:: Andreas

Family Name:: GEERTS

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State or Province of Residence::

Country of Residence:: DE

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City of mailing address:: Wuppertal

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: Inventor

Primary Citizenship Country:: DE

Status:: Full Capacity

Given Name:: Ralf

Family Name:: THIELE

City of Residence:: Borchen

State or Province of Residence::

Country of Residence:: DE

Street of mailing address:: Ebbinghauser Str. 13

City of mailing address:: Borchen

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 33178

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2005/000609	22 January 2005

#### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Europe	04002395.4	04 February 2004	Yes
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### **Assignee Information**

Assignee name:: BAYER HEALTHCARE AG

Street of mailing address::

City of mailing address:: Leverkusen

State or Province of mailing address::

Country of mailing address:: GERMANY

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